

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004477	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/30/2015
NAME OF PROVIDER OR SUPPLIER HILLTOP SKILLED NURSING AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET CHARLESTON, IL 61920		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1230k)</p> <p>300.1230 k) Staffing</p> <p>Effective September 12, 2012 a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses.</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on record review and interview the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse for 7 of 14 days reviewed. This has the potential to affect all 46 residents residing in the facility.</p> <p>Findings include:</p> <p>The dated spread sheet of 10/28/15 provided by E1, Administrator at 10:30 AM documents the period of time reviewed for staffing was from 10/4/15 to 10/17/15. The spread sheet documents 37.5 intermediate care residents and 10.5 skilled care residents residing in the facility during the time period which equals 133.52 hours of minimum direct care staff. The total hours of direct care calculated (133.52) times 10% equals the minimum required hours of RN (Registered Nurse) time (13.35 hours). The Minimum RN hours per 24 hour period are calculated to be 13.35 hours.</p> <p>The spread sheet documents the following hours per 24 hour period for RN's:</p>	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/17/15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004477	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/30/2015
NAME OF PROVIDER OR SUPPLIER HILLTOP SKILLED NURSING AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET CHARLESTON, IL 61920		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 1 10/04/15 12 RN hours shortage of 1.35 hours. 10/10/15 7.5 RN hours shortage of 5.82 hours. 10/11/15 7.5 RN hours shortage of 5.82 hours. 10/12/15 12.05 RN hours shortage of 1.30 hours 10/14/15 12.32 RN hours shortage of 1.03 hours 10/16/15 8.0 RN hours shortage of 5.35 hours 10/17/15 7.43 RN hours shortage of 5.92 hours E2 confirmed the shortage of RN hours was correct on 10/29/15 at 11:06 AM. According to the facility's Resident Census and Conditions of Residents dated 10/28/15, 46 residents reside at the facility. (B)	S9999			